STATE OF SOUTH DAKOTA Statement of Legal Newspaper Ownership and Circulation

1. Trive OF NEWSPAPER -		2. DATE 2-24
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH	HED ANNUALLY 3B. AN	NUAL SUBSCRIPTION S35 14-54
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF	PUBLICATION (Street City	S35 in - Hali 38 at 4-54
(Next printed)		
5, COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers)		
/ THE VICTOR OF DURY ICHTED 1 - 1 /		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
addresses of stockholders owning or holding 1 percent or more	of total amount of stock. If not o	owned by a corporation, the
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME	COMPLETE MA	ILING ADDRESS
Linda M. Walters P.O. Box 47-Wanbay, 50.57273-2047		
 KNOWN BONDHOLDERS, MORTGAGES, AND OTHER PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORE OF TOTAL AMOUNT OF BONDS. 		
state. If more space is needed, list on back of this form.	OKIGAGES OK OTHER SEC	OKTTES (II there are none, so
None		
	AVERAGE NO. COPIES	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12 MONTHS	ISSUED NEAREST TO FILING DATE
A.TOTAL NO, COPIES (Net Press Run Plus Paid Electronic Copies)	500	500
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors,	net.	***
and counter sales.	270	270
Mail Subscription (Paid and or requested)	203	203
3. Paid Electronic Copies	-0-	-
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	473	473
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	2	2
2. SAMPLES, COMPLIMENTARY AND OTHER FREE	0	A-
COPIES	-0	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	475	475
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	25	25
2. Return from News Agents	-0-	-8-
G.TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	500	500
Statement must be signed by Publisher, Business Manag	ger, or Owner in the presen	ce of a Notary Public
I swear that the statements made by me are true, co	orrect, and complete:	
Kinde B. Keller	Cleoner	
(Signature) (Title)/ 1702 × mal		
Sworm to before me this day of Q 10,20 4		
State of South Dakota) §		
County of Day) Notary Product A J. BEISCH		
My commission expires: NOTARY PUBLIC (SEAL)		
(Seal)		
	M	y Commission Expires: January 26, 2028

Form: SOS REC 051 0/2016